SAMARITAN HEALTH CARE SUBACUTE

551 SILVERBROOK DRIVE

WEST BEND 53095 Phone: (262) 334-8599 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? No Operate in Conjunction with Hospital? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 18 Total Licensed Bed Capacity (12/31/02): 23 Title 19 (Medicaid) Certified? No Number of Residents on 12/31/02: 17 Average Daily Census: 14

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)						
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 			% 		100.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	23.5	More Than 4 Years	0.0	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	17.6	I		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	17.6	I	100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	35.3	********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.9			
ongregate Meals No		Cancer	0.0					
Home Delivered Meals	No	Fractures	17.6		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	0.0	65 & Over	76.5			
Transportation	No	Cerebrovascular	17.6			RNs	52.1	
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	14.4	
Other Services	No	Respiratory	29.4			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	35.3	Male	52.9	Aides, & Orderlies	33.7	
Mentally Ill	No			Female	47.1	1		
Provide Day Programming for			100.0			1		
Developmentally Disabled	No				100.0	I		

Method of Reimbursement

		Medicare		_	dicaid tle 19			Other		P	rivate Pay	:		amily Care			Managed Care			
Level of Care	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	15	100.0	301	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	100.0	517	17	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		0	0.0		0	0.0		0	0.0		0	0.0		2	100.0		17	100.0

SAMARITAN HEALTH CARE SUBACUTE

********	*****	******	*****	****	******	*****	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12,	/31/02
Deaths During Reporting Period	1						
	1				% Needing		Total
Percent Admissions from:	1	Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.3	Bathing	0.0		100.0	0.0	17
Other Nursing Homes	0.3	Dressing	0.0		100.0	0.0	17
Acute Care Hospitals	98.7	Transferring	0.0		100.0	0.0	17
Psych. HospMR/DD Facilities	0.3	Toilet Use	0.0		100.0	0.0	17
Rehabilitation Hospitals	0.3	Eating	88.2		11.8	0.0	17
Other Locations	0.0	*****	******	*****	*****	******	*****
Total Number of Admissions	394	Continence		용	Special Treatm	ents	%
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	0.0	Receiving Re	spiratory Care	0.0
Private Home/No Home Health	34.4	Occ/Freq. Incontinent	t of Bladder	23.5	Receiving Tr	acheostomy Care	0.0
Private Home/With Home Health	37.5	Occ/Freq. Incontinent	t of Bowel	11.8	Receiving Su	ctioning	0.0
Other Nursing Homes	9.4				Receiving Os	tomy Care	5.9
Acute Care Hospitals	5.8	Mobility			Receiving Tu	be Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0.0	Receiving Me	chanically Altered Diet:	s 23.5
Rehabilitation Hospitals	0.3						
Other Locations	11.1	Skin Care			Other Resident	Characteristics	
Deaths	1.5	With Pressure Sores		11.8	Have Advance	Directives	41.2
Total Number of Discharges		With Rashes		23.5	Medications		
(Including Deaths)	395				Receiving Ps	ychoactive Drugs	17.6

	This	Other	Hospital-		All
	Facility	Based E	Tacilities	Fac	ilties
	8	용	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	60.9	87.4	0.70	85.1	0.72
Current Residents from In-County	82.4	84.3	0.98	76.6	1.07
Admissions from In-County, Still Residing	3.6	15.2	0.23	20.3	0.17
Admissions/Average Daily Census	2814.3	213.3	13.19	133.4	21.10
Discharges/Average Daily Census	2821.4	214.2	13.17	135.3	20.85
Discharges To Private Residence/Average Daily Census	2028.6	112.9	17.96	56.6	35.87
Residents Receiving Skilled Care	100.0	91.1	1.10	86.3	1.16
Residents Aged 65 and Older	76.5	91.8	0.83	87.7	0.87
Title 19 (Medicaid) Funded Residents	0.0	65.1	0.00	67.5	0.00
Private Pay Funded Residents	0.0	22.6	0.00	21.0	0.00
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	0.0	31.3	0.00	33.3	0.00
General Medical Service Residents	35.3	21.8	1.62	20.5	1.72
<pre>Impaired ADL (Mean) *</pre>	43.5	48.9	0.89	49.3	0.88
Psychological Problems	17.6	51.6	0.34	54.0	0.33
Nursing Care Required (Mean)*	8.1	7.4	1.09	7.2	1.12